

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 567-0460 FAX: 587-0470 email; ethics@hawallethics.org

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STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

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PART I LOBBYIST	/E:m\	(Middle)	TELEPHONE
NAME (Lest)	(First)	(Initiality)	
Paulicek	Melissa	T	(808)523-3695
MAILING ADDRESS (Street)			FAX
841 Bishop S	st., # 1628		(808) 523-3712
(City)	(State)	(Zip	Code)
Honolulu	HI	9	6813
EMPLOYING ORGANIZATION (Fill in on	y if you are employed by a outsness entity which	i has boon relained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zig	Code)
(4.9)			

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
National Federation of Independent Businesses	310-743-1631
MAILING ADDRESS (Street)	FAX
6100 center pr., suite 1175	310743-1662
(City) (State)	(Zip Code)
Los Angeles CA	90045
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Daniel Markels	
MAILING ADDRESS (Street)	FAX
6100 center Dr., Suite 1175	(310)743-1662
(City) (State)	(Zip Code)
vos Angeles CA	90045

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture		( ) Human Services	Science, Technology & Economic Development
L   Communications &     Governme Public Utilities : Finance	nt Operation &	I intergovernmental Relations, international Affairs	(, ) Tourism & Recreation
Consumer Protection &       Mawaiian	Altairs	Labor & Employment	Transportation
Culture, Arts, Historic ( ) Health Prosorvation		Planning, Land & Water Use Management	Other: (Indicate bolow)
Ecology, Energy Environmental Protection  Housing		Public Safety & Corrections	
PART IV CERTIFICATION OF LOBBY  I hereby certify that the information is		in the best of my knowle	edge correct and complete
$\sim$ $\sim$ $\sim$		is, to the best of my known	1-30-07
Y helisa all al	<u> </u>		1-30-01
(Signature of Li	obbyist)		(Date)
PART V AUTHORIZATION TO LOBE	IY		
NAME		1 - 0 - 0	CER OR PERSON REPRESENTED
DANIEL MARKELS	We	sterilublic Policy	Director
NAME OF ORGANIZATION (if applicable)		2.3.1.	TELEPHONE
National Federation of	Independe	ent Businesse	8 310-743-1631
MAILING ADDRESS (Street)			FAX
4100 Center Dr., Su	ite 1175		
(City)	(State)		(Zip Code)
Los Angeles	CA_		90045
I hereby authorize the above marmed person to engage in lobbying activities on behalf of the undersigned.			
X Janes 10/	~ ~ × >		1-12-07
(Signature of Authorizing Officer	or Person Represer	nted) .	(Date)

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	(Type or Print	Clearly)	
PART I LOBBYIST		4.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
NAME (Last)	(First)	(Middle)	TELEPHONE
Pavlicek	Melissa	T	(808)523-3695
MAILING ADDRESS (Street)		, <b>-</b> _	FAX
841 Bishop S	st., # 1628		(808)523-3712
(City)	(State)		(Zip Code)
Honolulu	H١		96813
EMPLOYING ORGANIZATION (Fill in only	y if you are employed by a business entity which	has been retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)		A	FAX
(City)	(State)		(Zip Code)

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NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
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6100 center Dr., Suite 1175	310743-1662
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NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
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(City) (State)	(Zip Code)
LOS Angeles CA	90045

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PART III DESCRIPTION	OF SUBJECTS UPON WH	IICH YOU EXPECT TO LOBB	(
C Agriculture	Education	( ) Human Services	Science, Technology & Economic Development
( ) Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	[] Tourism & Recreation
Consumer Protection & Commerce	[   Mawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	( ) Health	Planning, Land & Water Use Management	C. Other; (indicate bolow)
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections	
	ON OF LOBBYIST		
I hereby certify that th	e information furnished above	ve is, to the best of my knowled	lge, correct and complete.
	(Signature of Lobbyist)		(Date)
PART V AUTHORIZAT	ION TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED
DANIEL	ARKELS N	VesterPublic Policy I	TELEPHONE
NAME OF ORGANIZATION (If	applicable)		TELEPHONE
National Federa	ution of Indepen	dent Businesses	310-743-1631
MAILING ADDRESS (Street)			FAX
6100 Center T	7., Suite 1175		
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Los Angeles	s CA		90045
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